

CLAIMS ONLY						Application Number <i>09/868884</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED <i>12/10/03</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/	/	/	/	/	/	51					
2	/	/	/	/	/	/	52					
3	/	/	/	/	/	/	53					
4	/						54					
5	/						55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10	/						60					
11	/						61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20	/						70					
21	/						71					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	/		/		/		Total Indep					
Total Depend	17	←	15	←	19	←	Total Depend	←	←	←	←	←
Total Claims	18		16		19		Total Claims					

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/868884 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/		/					
2	/		/		/					
3	2		/		/					
4	1		/		/					
5	10		/		/					
6	10		/		/					
7	10		/		/					
8	10		/		/					
9	10		/		/					
10	10		/		/					
11	10		/		/					
12	10		/		/					
13	10		/		/					
14	10		/		/					
15	10		/		/					
16	10		/		/					
17	10		/		/					
18	10		/		/					
19	10		/		/					
20	10		/		/					
21	10		/		/					
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43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	/		/		/					
TOTAL DEP.	25	↔	17	↔	17	↔				
TOTAL CLAIMS	26	↔	18	↔	17	↔				
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										